

Recommended Adult Immunization Schedule – United States, 2009

Note: These recommendations must be read with the footnotes that follow, which contain the number of doses, intervals between doses, and other important information.

Figure 1. Recommended adult immunization schedule, by vaccine and age group

Vaccine ▼	Age group ►	19–26 yrs	27–49 yrs	50–59 years	60–64 yrs	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs				Td booster every 10 yrs
Human papillomavirus (HPV) ^{2,*}		3 doses (females)				
Varicella ^{3,*}		2 doses				
Zoster ⁴					1 dose	
Measles, mumps, rubella (MMR) ^{5,*}		1 or 2 doses		1 dose		
Influenza ^{6,*}			1 dose annually			
Pneumococcal (polysaccharide) ^{7,8}			1 or 2 doses			1 dose
Hepatitis A ^{9,*}			2 doses			
Hepatitis B ^{10,*}			3 doses			
Meningococcal ^{11,*}			1 or more doses			

*Covered by the Vaccine Injury Compensation Program.

Figure 2. Vaccines that might be indicated for adults based on medical and other indications

Vaccine ▼	Indication ►	Pregnancy	Immunocompromising conditions (excluding human immunodeficiency virus [HIV]) ¹³	HIV infection ^{3,12,13} CD4+ T lymphocyte count <200 cells/μL ≥200 cells/μL	Diabetes, heart disease, chronic lung disease, chronic alcoholism	Asplenia ¹² (including elective splenectomy and terminal complement component deficiencies)	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Healthcare personnel
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}		Td	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs						
Human papillomavirus (HPV) ^{2,*}			3 doses for females through age 26 years						
Varicella ^{3,*}		Contraindicated					2 doses		
Zoster ⁴		Contraindicated					1 dose		
Measles, mumps, rubella (MMR) ^{5,*}		Contraindicated					1 or 2 doses		
Influenza ^{6,*}							1 dose TIV annually		1 dose TIV or LAIV annually
Pneumococcal (polysaccharide) ^{7,8}							1 or 2 doses		
Hepatitis A ^{9,*}							2 doses		
Hepatitis B ^{10,*}							3 doses		
Meningococcal ^{11,*}							1 or more doses		

*Covered by the Vaccine Injury Compensation Program.

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

No recommendation

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of January 1, 2009. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/pubs/acip-list.htm).